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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/537,086	03/29/2000	David N. Feldman	2509/60	7336
26646 KENYON & K	7590 07/29/200 ENYON LLP	EXAMINER		
ONE BROADV	VAY	SHERR, CRISTINA O		
NEW YORK, NY 10004			ART UNIT	PAPER NUMBER
			3685	
			MAIL DATE	DELIVERY MODE
			07/29/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	09/537,086	9/537,086 FELDMAN ET AL.			
interview Summary	Examiner	Art Unit			
	CRISTINA OWEN SHERR	3685			
All participants (applicant, applicant's representative, PTC	O personnel):				
(1) <u>CRISTINA OWEN SHERR</u> .	(3)				
(2) <u>Michelle Carniaux, reg. no. 36,098</u> .	(4)				
Date of Interview: 10 July 2008.					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2) applicant's representative	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.				
Claim(s) discussed: <u>1, as exemplary</u> .					
Identification of prior art discussed:					
Agreement with respect to the claims f) was reached.	g)⊠ was not reached. h)☐ N	N/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Discussed allowability of the claims and possible amendments to be made thereon.</u>					
(A fuller description, if necessary, and a copy of the amer allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attach	copy of the amendments that v				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGEI INTERVIEW DATE, OR THE MAILING DATE OF THIS INFILE A STATEMENT OF THE SUBSTANCE OF THE INTREQuirements on reverse side or on attached sheet.	ne last Office action has already R OF ONE MONTH OR THIRT ITERVIEW SUMMARY FORM,	v been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
	Cristina Owen Sherr, AU 368	5			
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi				

Application No.

Applicant(s)